

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 351614

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5		2				
6		2				
7		2				
8		2				
9		2				
10	1					
11		2				
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18		1				
19		1				
20		1				
21		4				
22		4				
23		4				
24	1					
25		1				
26		2				
27	1					
28	1					
29	1					
30	1					
31						
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48						
49						
50						
TOTAL IND.	13	↓		↓		↓
TOTAL DEP.	28	←		←		←
TOTAL CLAIMS	41					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						